

# Schedule A-P

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 217 / 930

(check only one)

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input checked="" type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

JOHN MCCAIN 2008 GENERAL ELECTION COMPLIANCE FUND, INC.

<b>A.</b> Full Name (Last, First, Middle Initial) MRS. ANGELA L. WILLIAMS Mailing Address 1506 RUSSELL ROAD City State Zip Code ALEXANDRIA VA 22301-2053 FEC ID number of contributing federal political committee. Name of Employer UNITED STATES DEPARTMENT OF INTERIOR Occupation ADVISOR FOR ECONOMIC POLICY Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ Amount of Each Receipt this Period 1000.00 TRANSFER <b>[MEMO ITEM]</b> REDESIGNATION FROM PRIMARY Transaction ID: SA17A.1125096	Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 3 / 2 0 0 8 Amount of Each Receipt this Period 1000.00
<b>B.</b> Full Name (Last, First, Middle Initial) MR. EDGAR H. WILLIAMS Mailing Address 2900 COVE CAY DRIVE APARTMENT 3-G City State Zip Code CLEARWATER FL 33760-1209 FEC ID number of contributing federal political committee. Name of Employer LEGACY CAPITAL GROUP, INC. Occupation COMMODITY POOL OPERATOR Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ Amount of Each Receipt this Period 2300.00 TRANSFER <b>[MEMO ITEM]</b> REDESIGNATION FROM PRIMARY Transaction ID: SA17A.1131792	Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 7 / 2 0 0 8 Amount of Each Receipt this Period 2300.00
<b>C.</b> Full Name (Last, First, Middle Initial) DR. ELIZABETH A. WILLIAMS Mailing Address 6201 BEAVER CREEK ROAD City State Zip Code OKLAHOMA CITY OK 73162-3427 FEC ID number of contributing federal political committee. Name of Employer GUARDIAN ANESTHESIA Occupation PHYSICIAN Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ Amount of Each Receipt this Period 700.00 TRANSFER <b>[MEMO ITEM]</b> REDESIGNATION FROM PRIMARY Transaction ID: SA17A.1119411	Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 9 / 2 0 0 8 Amount of Each Receipt this Period 700.00

SUBTOTAL of Receipts This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....